

CERTIFICATE OF COMPLIANCE WITH INSURANCE REQUIREMENTS

Contract Number F26600-_____

The undersigned Contractor hereby acknowledges that he/she has read and understands the insurance requirements specified in this contract and hereby agrees (1) that such insurance will be maintained in at least the amounts and types specified in this contract and during any modifications and/or time extensions granted thereto; (2) that the policies evidencing required insurance shall contain an endorsement to the effect that any cancellation or any material change adversely affecting the Government's interest shall not be effective for such period as the laws of the State in which this contract is to be performed prescribe, or until 30 days after the insurer or the contractor gives written notice to the Contracting Officer, whichever period is longer; (3) that Nevada Workmen's Compensation Insurance (State Industrial Insurance System), or letter of reciprocal agreement with another state, shall be maintained on this contract for and during the entire performance period and for and during the entire performance period and for any modifications and/or time extensions granted thereto; and (4) that a copy of all subcontractors' proofs of required insurance shall be maintained and shall be made available to the Contracting Officer upon request. This agreement shall become a part of the above referenced contract file.

INSURANCE COMPANY(S):

NAME(S)	TELEPHONE NUMBER(S)

CONTRACTOR NAME: _____

CONTRACTOR ADDRESS: _____

(Authorized Signature)

(Date)

(Typed or Printed Name)

(Typed or Printed Title)